Government of
Saskatchewan

2006 – 2007
Annual Report

Saskatchewan
Health

Saskatchewan
Health Information
Network

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Table of Contents

Letter of Transmittal 2

Letter from the Board Chair 3

Letter from the CEO 4

Vision, Mission, and Values 6

The National Context 7

The Provincial Context 8

Health Information Network Development 8

Technology Support Services 10

Privacy and Security 12

Projects 13

Management's Responsibilities 26

2006-2007 Financial Statements 27

Auditor's Report 28

Statement 1 - Statement of Financial Position 29

Statement 2 - Statement of Operations 30

Statement 3 - Statement of Change in Net Financial Assets 31

Statement 4 - Statement of Cash Flows 32

Notes to the Financial Statements 33

This annual report is also available in electronic format from the Saskatchewan Health website at http://www.health.gov.sk.ca/shin-annual-report-2006-07.pdf

Letter of Transmittal

Regina, Saskatchewan
March 31, 2007

His Honour the Honourable Dr. Gordon L. Barnhart
Lieutenant Governor of Saskatchewan

May it Please Your Honour:

I respectfully submit the Annual Report of the Saskatchewan Health Information Network (SHIN) for the fiscal year ending March 31, 2007, including the financial statements duly certified by auditors for the Corporation, and in the form approved by the Treasury Board, all in accordance with *The Crown Corporations Act, 1993*.

Respectfully submitted,

Honourable Len Taylor
Minister of Health

Letter from the Board Chair

I am pleased to share with you the progress made by our team over an action-packed year. Throughout 2006-07, we further improved the healthcare system by providing valuable tools to healthcare professionals and patients. Putting better information at the care provider's fingertips will result in improved access, quality and productivity of our healthcare system.

While patient files today are largely stored in cabinets; referrals, x-ray reports and lab results are relayed mostly by fax machine; and hospital reports are most often received through mail and courier; this inefficient system will soon be a thing of the past.

An electronic health record (EHR) in Saskatchewan will enable care providers to securely share and access information, including pharmacy, digital imaging and lab results, anywhere in Saskatchewan that residents seek treatment.

Saskatchewan is well positioned to be a national leader in the creation of a province-wide EHR. We are committed to creating an integrated system of records that will speed retrieval of important health care information and enhance health care making it faster, safer, better, and secure.

With each project that integrates with EHR developments in other provinces, we have successfully leveraged Canada Health Infoway funding for planning and implementation.

This year we introduced the first components of the EHR including the Pharmacy Information System (PIP) and the Radiology Information System/Picture Archiving Communications System (RIS/PACS). PIP expanded the adoption of the medication profile viewer across the province and successfully developed the electronic prescribing components of the drug information system. We laid the groundwork for the RIS/PACS system that will store and transmit digital images and other information and improve access to diagnostic services and speed diagnoses. This quick exchange of digital information will save time, improve care and reduce costs to the health system and to patients. The province will leverage the benefits of the EHR to prevent future costs. For example, when fully implemented, RIS/PACS has the potential to reduce costs by $3.2 million annually. The elimination of costs for processing and handling traditional diagnostic imaging films will offset implementation costs.

Also announced this year, the Surgical Information System (SIS) will offer surgeons and operating room teams better use of surgical resources through more efficient scheduling of operating room staff and surgical suites. It will allow health regions to coordinate surgical theatres, teams and supplies seamlessly.

In the future, SIS will be integrated with the Saskatchewan Surgical Registry, which tracks surgeries and waiting lists in the province. Reducing surgery wait times is a priority.

The advantages of these technologies are enormous; having a complete record of the treatment and results a patient has received will allow doctors to focus on preventative care.

New healthcare technology is expected by the current and next generation of medical professionals and with it Saskatchewan will be much better positioned to attract new doctors and specialists, as well as keep the doctors we have now. Well-designed information systems are extremely important for the safe, efficient and effective care that we all expect from the health system. We expect healthcare teams in Saskatchewan will be well equipped to provide high quality care and advice, based on the most current, relevant information available.

Max Hendricks
Board Chair - SHIN

Letter from the CEO

2006-07 was a particularly important year in the development of electronic health records in Saskatchewan, where the first components of the EHR became a reality; significant new planning and development activities took place; and a number of important announcements were made about further new initiatives.

Our staff accomplished a great deal and should be commended both for their commitment and for their excellent work in meeting the needs of our clients. Their work is increasingly critical in supporting new health care initiatives and the care services being provided at the front lines of health care delivery today, but is also vital in developing the information and technology solutions necessary to enable continued improvements in health care tomorrow and into the future.

A number of major Canadian reviews of the health system, including the Health Council of Canada's recent annual report *Health Care Renewal in Canada: Measuring Up*, have pointed to the need to invest in electronic health records to improve the quality, continuity and effectiveness of the health system. It has often been said that in many ways we are trying to deliver 21st century medicine with 19th century paper technologies. Industrialized countries across the world are all now beginning the transformation from paper to electronic health records, recognizing that while this is a complex endeavour, it is a critical step in modernizing and improving health care for our citizens and in ensuring the sustainability of our health system.

Saskatchewan has a proud tradition for innovation in health care, and our province continues to be at the forefront of developing new innovations in health care delivery including the use of EHR technologies. As a province, we have worked very closely with Canada Health Infoway, an agency created through agreement by Canada's First Ministers to advance the adoption of EHRs in Canada. In the past year, I have had the opportunity to work very closely with counterparts in other provinces and countries, as well as with senior staff from Canada Health Infoway, in providing leadership and in coordinating the development of EHR knowledge, standards and developments across Canada. Through this experience, as well as the significant contributions our staff have made in developing and harnessing the EHR knowledge being developed in Canada and internationally, I am very confident that Saskatchewan is making optimum use of these new technologies in supporting our health system priorities. For example, Saskatchewan's pioneering work in areas such as the Saskatchewan Surgical Care Network (SSCN) system is attracting national recognition and is being widely emulated elsewhere in Canada.

During the year further milestones were reached, including broader scale implementation of the first phase of the Pharmaceutical Information Program (PIP), which is providing access by clinicians to patient drug profiles at over 400 emergency room, pharmacy and physician locations across the province.

In the past year, the technology developments for the next phase of PIP, which will enable electronic drug prescribing to further prevent medication errors and reduce the increasing risk of patient drug interactions, were completed and will begin to be implemented with the first clinicians very soon.

Again this past year, we experienced an increase of over 20 per cent in the number of health system users of our systems and technology services, which now number over 15,000. The continuing growth is the utilization of our services, together with very high levels of client satisfaction, attests to the degree to which the technology solutions and services that SHIN provides are welcomed by health care professionals in their work. Information technology staff members in the health regions were again very important partners for us in delivering these services over the past year by working collaboratively with our team.

In addition to continuing to implement the many existing information technology services that SHIN provides to front-line care providers at more and more locations, several new projects moved significantly closer to implementation. Projects such as the Radiology Information System and Picture Archiving System (RIS/PACS); the Surgical Information System; and systems to support the delivery of the province's Primary Health Care program moved forward significantly in their planning and will begin implementation later in 2007.

I am particularly pleased with the significant planning work that was completed by our team in developing our new three-year EHR blueprint and strategy. In the process of developing the strategy we consulted with our colleagues at Saskatchewan Health and in the health regions. We also received excellent input and support from a cross-section of health care professionals in its development. In our approach to the EHR we have both benefited from and contributed to the development of EHR thinking in Canada by working closely with Canada Health Infoway. We are currently in the process of reviewing proposals for the necessary technologies to support our EHR plans, and have received many compliments from the technology industry on the clarity and comprehensiveness of our EHR planning. The new blueprint and strategy will position our province very well for selecting the technologies that we will require to advance the development of the EHR to support continuing health care improvements in Saskatchewan.

In closing, I would like to express my appreciation to our staff, our colleagues at Saskatchewan Health and in the health regions, as well as the many clinicians and health care providers who have devoted their time and energy to advancing the development and implementation of our many projects and services in the past year. Our vision and accomplishments as an organization, in supporting the improvement of health services in the province, are only possible through the collective commitment, dedication, energy and talent of our staff and of those we work with across the health system.

Neil Gardner
Chief Executive Officer – SHIN

Vision, Mission and Values

The Vision

Through a collaborative effort, ensure health professionals have secure access to the right information, at the right time and place.

Our Mission

- Enhance the quality of patient care by supporting health professionals' decision-making at the point of care through improved access to the information they require.
- Improve the patient experience by supporting improved coordination between service delivery care providers. Provide high levels of security and privacy safeguards to support the exchange of the information between care providers.
- Improve overall efficiency, effectiveness and sustainability of the health sector through the innovative use of technology.
- Inform health system decision-making by providing the necessary information base to support planning, outcome measurements, accountability and research.

Values

We believe in:

- excellence through innovation, creativity, continuous learning and recognition of achievements;
- honesty, integrity and openness and respect for all of our relationships;
- collaboration and teamwork;
- actions which are client-centred and results-oriented;
- security of information and privacy of individuals;
- equitable access to information for our customers; and,
- fostering development of information technology in the Saskatchewan health-care sector.

The National Context

Canadian health care is undergoing transformation. Canadians have high expectations for care in their home communities and when they travel. They expect health professionals to have appropriate access to their health records to provide care where and when service is required.

Recommendations that investments be made in information technology to improve access, effectiveness and the quality of health care surfaced in the Romanow and Kirby Commissions and again in the Health Council of Canada Annual Report to Canadians 2006 entitled *Health Care Renewal in Canada: Measuring Up?*.

Saskatchewan has earned a reputation nationally as a leader in advancing the development of an electronic health record. This province is a long-standing member of the Western Health Information Collaborative (WHIC), joining Alberta, British Columbia, Manitoba, Northwest Territories, Nunavut and Yukon, sharing knowledge and expertise in this evolving field and working together on common health information initiatives.

Saskatchewan collaborates with Canada Health Infoway (Infoway) on electronic health record development across the country. Infoway is an independent agency established by the First Ministers of the provincial, territorial and federal governments to accelerate the adoption of electronic health record solutions in Canada.

To date, Infoway has received $1.2 billion from the federal government and a further $400 million was committed in the recent federal budget. Infoway is fostering the development of pan-Canadian standards and approaches for EHR technologies with the provinces and territories. Infoway has established nine programs for investing in components of the electronic health record initiatives taking place in each province.

Both Infoway and Health Canada provided funding for the expansion and implementation of a Saskatchewan provider registry, based on the model originally developed by WHIC in British Columbia. The provider registry has attracted national attention and is now being adopted elsewhere in Canada. Introduction of the registry will mean health facilities no longer need to keep numerous paper lists of health care provider information, reducing the onerous task of updating these lists and facilitating referrals for services between care delivery locations.

Several additional projects which establish the foundation for an electronic health record program received Infoway approval in 2006-07, evidence that Infoway views Saskatchewan as a leader throughout Canada in advancement of electronic health information solutions. These projects, described in the *Enabling Province-wide Health Care Delivery* section on page 15 are the next phase of the Pharmacy Information System (PIP), the Laboratory Results Repository and the Interoperable Electronic Health Record.

These information system projects support provincial health care objectives identified as priorities by Saskatchewan Health and the health regions through our information technology planning process. With the support of Infoway, Saskatchewan Health is able to share and leverage the experience of other provinces, while receiving significant investment from Infoway to implement critical components of our electronic health record strategy in Saskatchewan.

In the coming year, implementation of new projects, now in the planning stages, will continue. Saskatchewan Health expects to receive further approvals and funding commitments from Canada Health Infoway for additional project investments, including a system for better managing communicable disease outbreaks for Public Health.

Saskatchewan will continue to play a very active role in pan-Canadian health information initiatives, directions and system interface standards. These developments are consistent with our collaborative approach to leveraging new technologies in improving the health of our population.

The Provincial Context

The Saskatchewan Health Information Network (SHIN) is a Treasury Crown Corporation utilizing Saskatchewan Health resources and contracted services to deliver the mandate of an electronic health record for Saskatchewan citizens.

The interoperable EHR is a private, lifetime record of an individual's key health history and care, providing authorized healthcare professionals with real-time access to patients' test results, past treatments and medication profiles – information they need to provide effective, safe treatment while protecting privacy and confidentiality. (Canada Health Infoway Inc. Annual Report 2004-05, page 5)

Through SHIN, the province is able to secure funding from agencies such as Canada Health Infoway in advancing our EHR implementation.

Saskatchewan Health Information Network Development

The provincial health information network connects health care providers across the province, ensuring access to timely and pertinent information for patient care. Through SHIN, the development of the health information network continues in collaboration with health regions and health professionals across the province. This approach ensures that technology investments in the health sector are coordinated with the regions to determine the best way to deploy emerging information technologies for the benefit of the citizens of the province.

Currently, all health regions and more than 800 health service locations are connected to the health information network through CommunityNet connections and other secure telecommunication technologies. Work continues to extend secure network technologies to other health care locations across the province.

The network provides authorized health care professionals with access to clinical information systems and supports the Telehealth network, which enables health providers to consult and treat patients remotely. The network also provides email infrastructure to all health regions and retail pharmacies across the province, enabling health sector staff to communicate electronically to coordinate patient care.

The infrastructure includes the network equipment that connects health professionals to the servers that house the data files and databases; the firewalls, which provide secure access to resources via the Internet, and CommunityNet; and the devices that monitor and manage its operation.

Effective utilization of the clinical systems housed in the data centre requires a high performance, highly available and highly secure infrastructure to deliver services wherever and whenever they are needed, and in a cost effective manner.

In 2006-07 Saskatchewan Health, as well as other provincial partners including SaskTel and the Information Technology Office (ITO), continued to invest in CommunityNet, Saskatchewan's high-speed, province-wide telecommunications network, which connects schools, regional colleges, health facilities, public libraries and government offices. Further capacity was added for the CommunityNet connection to the data centre. Additional LANSPAN connections were implemented in Regina and Saskatoon hospitals as well as in Lloydminster, North Battleford, Swift Current, Moose Jaw, Yorkton and Prince Albert.

This key focus on developing and implementing network capacity and redundancy was in preparation for RIS and PACS, the Laboratory Results Project and the first phase of the EHR program. Significant infrastructure improvements have also been implemented to support the PIP e-prescribing phase.

All regional firewalls are being refreshed to ensure that the highly secure infrastructure continues to meet industry best practices.

Voice Over Internet Protocol (VOIP) was installed for operations staff, improving call management technology for the Service Desk, adding capacity for all support services resources and reducing costs.

A Storage Area Network (SAN) with extensive capacity was implemented in June 2006 to add

efficiency and capacity to house the clinical applications and data.

In late 2006-07, work also began on the integration of the Department of Health Network. By the late fall 2007, it is expected that one integrated network will support the entire health sector.

Network Security

Security of health information remains a key focus.

Security of patient information is maintained through a complex Security Architecture that includes firewalls, intrusion-detection software, virus-detection measures, server isolation, user access controls and encryption.

Policies, practices and audit processes are built into all applications to increase the level of security for patient records and personal information beyond what has existed in the paper environment.

Authentication procedures ensure access to specific information is only available to authorized personnel. Audit trails indicate when and who has accessed the data. Detailed testing is undertaken to ensure secure functioning of all applications.

Investments were made in 2006-07 to replace and upgrade regional and data centre firewalls to the most current technology, configured to security best practices. Work continues in the planning and development of an integrated identity management system to more efficiently manage health care provider access for all hosted applications.

Security is critical in the operation of the health information network and data centre, and it will remain a key focus of ongoing development and enhancement. Saskatchewan works collaboratively with the other provinces and Canada Health Infoway to ensure that the highest levels of security are incorporated into all health information technology solutions as technologies continue to evolve.

Technology Support Services

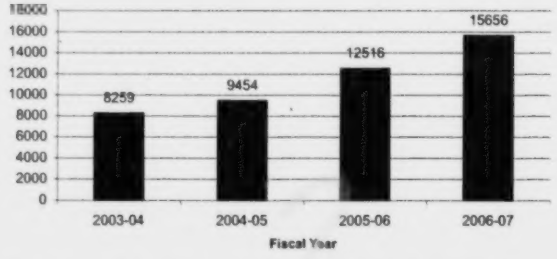
Service Desk

The Service Desk supports health care staff to make effective use of the provincial health information network and its technologies, services and systems.

Users of the Service Desk are provided with first line help desk assistance on all their computer problem calls. In addition, the Service Desk provides support for all clinical information systems hosted in the Data Centre.

As of March 31, 2007, 15,656 health care staff (of a potential 38,000 across the provincial health sector) had access to the Service Desk. This reflects an increase of over 20 per cent or 3,140 users over March 31, 2006.

Figure 1 – Customer Growth



To date, all health regions, as well as the College of Physicians and Surgeons of Saskatchewan, the Saskatchewan Cancer Agency, the Department of Family Medicine at the College of Medicine, the Saskatchewan Registered Nurses' Association and the Saskatchewan Association of Health Organizations (SAHO) are utilizing this service. Of the over 72,500 calls received by the Service Desk in 2006-07, less than 27,000 had to be dealt with by regional technical resources. This reduced the demand on limited resources in the health sector. Support Services staff directly resolved over 60 per cent of the calls.

In 2006-07, the annual survey of Service Desk system users found that 97.7 per cent of respondents rated the service provided by the Service Desk as satisfactory or better, with more than 66 per cent indicating they received exceptional service. The number of responses to the survey increased 18.3 per cent from 2005-06.

Service Desk support operates between 7:00 a.m. and 9:00 p.m. weekdays and on-call support for clinical systems hosted in the Data Centre is available 24 hours a day, seven days a week. In 2007-08 the Service Desk will move toward 24/7 service delivery and provide service to the Department of Health.

Data Centre Hosting Environment

Through SHIN, Saskatchewan Health provides a secure hosting environment to support the work of its health sector partners. The central hosting environment reduces the need for increasingly sophisticated information technology (IT) equipment and system specific resource demands on regions.

This centre enables regions to share system solutions hosted centrally in the data centre and is securely accessed by regions over the health information network. This reduces costs to the health sector and enables better and more integrated patient care systems. Systems are built and sized to meet existing capacity and are designed to be scaleable to expand to meet future requirements. These systems serve front-line health care professionals across the province.

Thirty-five systems are centrally hosted for regions or agencies. These include PIP, which is accessed by 1,220 health care professionals to assist in identifying potential drug interactions and other prescription management activities; and the Saskatchewan Immunization Management System (SIMS), which helps over 650 public health nurses across Saskatchewan provide immunization services to children.

An innovative new development is the Chronic Disease Management (CDM) system being deployed throughout the province in collaboration with the Health Quality Council (HQC) and which has been adopted by 25 per cent of primary care physicians across the province. This system is used by participating primary care physicians across the province to better manage the care of over 15,000 chronic disease patients.

At the end of 2006-07, other systems used by health region staff and health care professionals included:

- The Shared Client Index (SCI) provides identification services for all patients who received care in a Saskatchewan hospital even though the same patient may have different registration numbers in each facility. SCI is now deployed for 11 of the 13 Regional Health Authorities and, by identifying patients, enables more accurate and timely sharing of patient records between facilities as patients are transferred.

- The Saskatchewan Patient Registry is an innovative solution developed in Saskatchewan to track surgical waiting times and provide the information necessary to allocate surgical resources and reduce patient wait times.

- The Client Concern Handling System (CCHS) allows secure tracking and investigation of citizens' concerns regarding their personal patient care.

- An increasingly comprehensive set of Integrated Clinical Systems (ICS) support the delivery of front-line services in hospital admitting, health records, pharmacy and laboratory departments as well as home care programs. These systems are utilized by over 3,700 health care staff and professionals in our health regions.

Given the increasing demand for our services, planning is underway to expand the existing data centre, including additional space, cooling and power to accommodate the increased number of servers and applications to ensure a highly available service as mission critical systems come into production. Completion of the data centre expansion and consolidation of services is expected early in 2007-08.

Privacy and Security

Privacy is the fundamental right of individuals to control the flow of their personal health information, including collection, use and disclosure. **Security** provides the tools to protect privacy.

As an information management service provider, SHIN sets the highest standards in privacy protection and security of personal health information and ensures that privacy and security provisions are integrated into all SHIN initiatives.

Privacy Protection

SHIN incorporates privacy protection into all aspects of its operations. Contracts and agreements with Saskatchewan health care organizations and service providers stipulate privacy protection as a top priority.

Project teams utilize the expertise of trained privacy professionals and tools such as privacy impact assessments (PIA). PIAs provide analysis of how personal health information is managed to conform to applicable privacy legislation, regulations, policies, procedures and best practices. The PIA process ensures strict attention is paid in the design of all SHIN projects and services to protect the confidentiality and integrity of data from accidental or deliberate threats. Accountability for privacy is incorporated to ensure every program and project complies with legislation including *The Health Information Protection Act* (HIPA) and *The Freedom of Information and Protection of Privacy Act* (FOIP).

A PIA identifies risks and vulnerabilities associated with collection, modification, disclosure, storage, retention and disposal of personal health information; evaluates existing privacy protection; and identifies alternative processes to mitigate potential privacy risks.

Saskatchewan residents expect their personal health information to be protected. Individuals want the right to control who has access to their medical records and under what circumstances. Authorization and authentication procedures ensure that only health professionals with a "need to know" have access to personal health information. Audit features target, track and report unauthorized access to personal health information, giving an extra measure of privacy protection.

A major focus in 2006-07 was development of a very active Privacy Working Group with privacy officers in the health regions. This working group has developed a number of policies and training materials which the health regions use to implement privacy-enhancing practices with health care providers.

Security Safeguards

Protection of personal health information requires the highest level of security, which is maintained in all SHIN initiatives through a comprehensive Security Architecture, enhanced with policies, procedures and audit practices.

The development of an internal security assessment process known as an Application Verification Toolkit (AVERT) ensures all new applications have been assessed for risk and security vulnerabilities. The AVERT process verifies that the security controls on personal health information continue to be effective and extensive.

The AVERT process will continue to be enhanced to meet security industry demands and an ever-changing environment. Security policies are currently being reviewed in compliance with the internationally accepted industry standard ISO 17799.

Security maturity self-assessments are also being developed to assist the health sector in setting goals and objectives. Self-assessments are used to understand the current state, identify the target end state and then establish measurable steps to guide progress.

The provincial Chief Information Officer (CIO) Forum's Security and Privacy Sub-committees are collaborating with other stakeholders to establish provincial standards to protect personal privacy and ensure security uniformly across the health system.

These privacy protection and security safeguards enable SHIN to protect the personal health information of Saskatchewan residents and at the same time allow authorized health care service providers to access the information required to provide patient care in a timely and efficient manner.

Projects

Saskatchewan Health provides strategic leadership and project management support to define, coordinate and implement Saskatchewan's health information technology solutions.

Project initiatives, managed through the SHIN, respond to the priorities and plans of Saskatchewan Health, Regional Health Authorities (RHAs) and other stakeholders. Consistently strong project management works as a catalyst to deliver new systems and technology solutions and ensures health care professionals have secure access to the right information, when and where it is required to provide quality care to the Saskatchewan public.

SHIN's project portfolio is based on three health sector information technology priority program areas:

- Integrated Clinical Systems (ICS) implementations for health regions;
- Province-wide health care delivery; and
- Saskatchewan's Action Plan for Health.

Integrated Clinical Systems Implementations (ICS) for Health Regions

The Integrated Clinical Systems (ICS) program enables continued improvements in the front-line delivery of patient health care. ICS consists of home care, central patient index (CPI)/Registration, laboratory, transcription and pharmacy systems. Saskatchewan Health works with RHAs to implement these common, shared systems, including continued upgrades to existing systems, to provide health care professionals with the most current technologies, to support more efficient and high quality patient care and to automate processes currently done manually.

The SHIN data centre in Regina hosts the systems; regional staff and physicians access these systems and their information over the health information network.

In 2006-07, the Prince Albert / Parkland (Prince Albert) health region successfully migrated to the provincial solution for a central patient index (CPI) system and Keewatin-Yatthé (La Loche) began planning for the implementation of the CPI system. With the implementation in La Loche, scheduled for 2007-08, all health regions will have an automated CPI system. Health regions are now looking to begin implementation of the system into community hospitals located in Rosetown and Kerrobert.

Pharmacy systems were implemented in Heartland (Kindersley) and expanded in Kelsey Trail (Nipawin) and Prairie North (Meadow Lake) Health Regions. The regional clinical lab solution was successfully implemented in Prairie North (Lloydminster), Sun Country (Weyburn) and Mamawetan Churchill River (La Ronge) Health Regions.

Systems currently in the ICS interface include CPI/Registration, serving 2,610 users; Laboratory used by 639 users, Pharmacy 198 users, and Home Care 778 users. Clinical View is available in Yorkton Regional Hospital to 222 users. Transcription coverage is also available in Yorkton.

The latest innovation in ICS is the clinical view application, which enables authorized health care providers to quickly and securely access their patients' information in providing and planning their care.

The clinical view application known as Sunrise Clinical Manager (SCM) enables more effective communication between care providers. With SCM, all authorized care providers within the circle of care for a particular patient (e.g. the attending physician, admitting physician, referring physician, consulting physician, nurse unit manager, and ward nurse) can securely share information.

- SCM provides virtually instant access to lab results done within the hospital lab: most importantly all blood work. The way lab result information is displayed within SCM allows authorized care providers to trend lab results graphically over time, as well as being visually alerted when there is an abnormal lab result.

- In the past, paper charts had to be manually perused and new information located and filed. SCM provides access to documentation immediately upon completion of transcribing the

document. The types of documents available for viewing by authorized care providers include: history and physicals, discharge summaries, consultations, operating room reports and pathology reports. All access to the documentation is electronically audited.

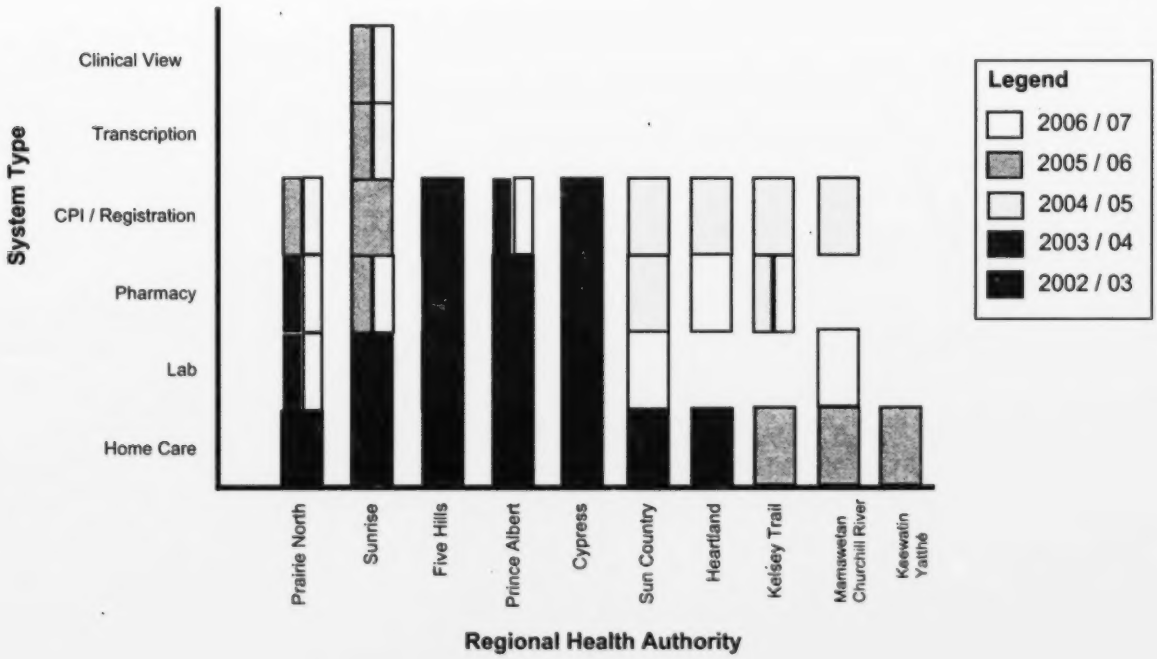
- SCM provides a concise and complete visit history for a patient. This information was not available in the manual chart.
- Every care provider has the ability to customize SCM patient lists to meet their specific needs around which patients and what patient information is most valuable to them. These lists are dynamically updated. For example, if a care provider wishes to see all of their patients on ward "B", the patient list will be updated as patients are admitted and discharged from this ward.

Sunrise (Yorkton) Health Region implemented the clinical view application Sunrise Clinical Manager in 2005-06 and continued with the second phase, expected to reach completion in the summer of 2007. Phase two includes enhancements to the data entry and reporting capabilities, remote access from clinician offices and the integration of hospital pharmacy information.

Planning for the expansion of SCM into other health regions will begin in 2007-08.

"This system not only increases patient safety and the efficiency of management, the system acts as an advocate for patients who are in crisis."
Quote from Dr. Corné Schoeman, General Surgeon at the Yorkton Regional Health Centre.

Figure 2 – ICS System Implementation



Enabling Province-Wide Health Care Delivery

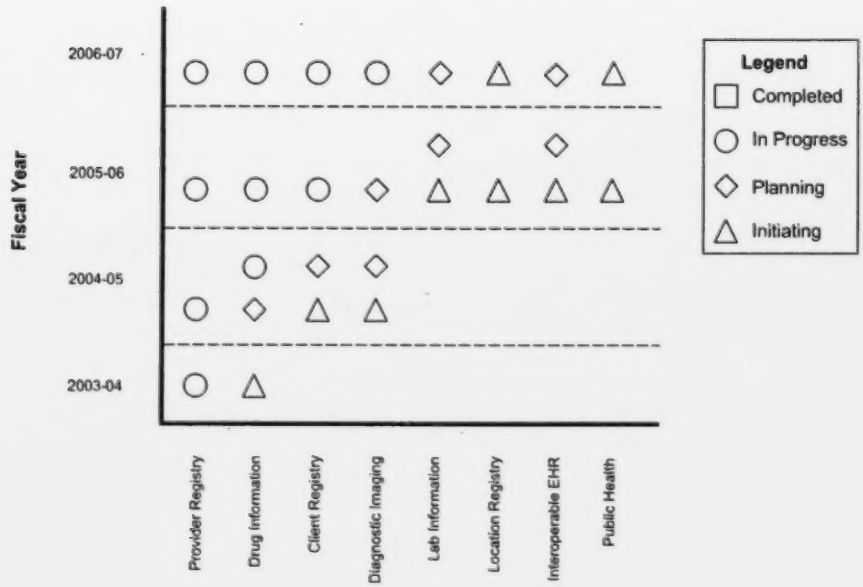
As an agency of Saskatchewan Health, SHIN is leading several concurrent projects, which establish the foundation for the electronic health record program and will advance Saskatchewan's province-wide EHR strategy. SHIN, by partnering with Infoway, leveraged an additional $5.5 million dollars of project funding for the EHR for 2006-07.

Some of the highlights of the EHR Strategy in 2006-07 included:

- Pharmaceutical Information Program
  - introduced electronic prescribing components of the application and began rollout to health care providers;
  - continued adoption by health care providers of the PIP medication profile viewer available in over 400 locations;
  - one of the first provinces to work on implementation of CeRx (the electronic messaging that supports the clinical drug information exchange between and among clinicians and which is funded 100 percent by Infoway);
- Provincial Client Registry Project
  - successfully implemented interfaces to receive electronic information from all health region CPI systems on all new facility registration;
  - first implementation of a two-way information exchange, introduced in the Saskatoon Health Region;
- Radiology Information System
  - products selected for RIS and PACS;
  - implementation planning of RIS and PACS initiated;
- Interoperable Electronic Health Record (iEHR)
  - planning for implementation completed and procurement for a solution suite of products was initiated; and,
- Saskatchewan Laboratory Results Repository (SLRR)
  - planning for implementation completed and procurement for a solution suite of products was initiated.

Figure 3 illustrates the continuing success Saskatchewan has had in implementing components of the EHR, each of which is enabling improvements in health care for our citizens.

Figure 3 – Provincial Electronic Health Record Program



Project Name	Project Description	Accomplished in 2006-07
Pharmaceutical Information Program (Drug Information System)	PIP will provide health care professionals and patients with information and tools to make optimal drug therapy decisions to improve the quality, safety and management of health care for Saskatchewan residents. This reduces the risk of prescription errors, drug interaction and multi-doctoring.	Through the involvement of a cross-section of physicians, pharmacists, nurses and other health professionals, the PIP project successfully implemented the electronic prescribing components of the drug information system. Pre-production rollout of electronic prescribing to selected sites across the province will occur in fiscal 2007-08. PIP expanded the adoption of the medication profile viewer across the province.
Shared Client Index (Client Registry)	The Shared Client Index will be the trusted and timely source to confidently, accurately, securely and uniquely identify all persons who have contact with the health care system in Saskatchewan regardless of service, location, residency and/or insurance coverage. This facilitates the secure exchange of information as patients often receive care by providers at multiple locations.	Completed implementation of passive interfaces (one-way) of RHA source registration data to the provincial client registry. Implemented active two-way interfacing with the provincial client registry and regional registry source systems in the Saskatoon Health Region; remaining health regions will implement active interfacing in fiscal 2007-08.
Provincial RIS / PACS & Archive (Diagnostic Imaging)	The objective of the provincial RIS/ PACS initiative is to implement a common shared RIS and PACS infrastructure for the province, so diagnostic images and results will be immediately and securely accessible by their care providers. This will reduce treatment delays.	Working with RHAs, Saskatchewan Health began the implementation of the provincial PACS solution, the first of which is scheduled to go into production in the fall of 2007. Through a rigorous procurement process, a provincial RIS solution was selected and detailed implementation planning is underway. The first implementation is scheduled to go into production in the late fall of 2007.
Provider Registry	The Provider Registry System is a standards-based repository of core licensed and unlicensed provider data supplied by authorized sources, and available to authorized consumers, to formally and consistently exchange provider health information. This registry will also support the authentication of care providers in authorizing their access to the EHR.	Completed the upgrade to version 4.0 of the Provider Registry software to meet new pan-Canadian standards. Planning for upgrading to version 4.5 of the software was initiated.

Project Name	Project Description	Accomplished in 2006-07
Saskatchewan Laboratory *Results* Repository	With investment in laboratory information systems through the *ICS* and a new information system for the Saskatchewan Diseases Control Laboratory, lab results (including all complex tests) will now be captured electronically for over 90 per cent of laboratory tests in the province. Results from these systems, however, must still be distributed in traditional ways (e.g. by fax and by mail), resulting in delays in local physicians being able to diagnose and treat patients. This new repository and system will distribute results electronically and also brings together all of a patient's recent lab tests into a secure and electronically available profile, eliminating situations where a physician is unaware of lab tests the patient may have recently received and unknowingly order duplicate lab tests when a current result is available and could be used for immediate diagnosis.	This year saw the completion of planning for the implementation of the project. The project team, with advice from key stakeholders, validated the solution requirements and initiated a rigorous procurement process to select the appropriate product. The procurement process, began in the late fall of 2006, is expected to be completed during the summer of 2007.
Interoperable Electronic Health Record (iEHR)	This project will implement the technologies necessary to make needed information from electronic health records available electronically to authorized health care providers anywhere and anytime, in support of high-quality care. The EHR will provide individuals in Saskatchewan and ultimately across Canada with a secure and private lifetime record of their key health history and care within the health system to provide safer and more effective patient care.	This year saw the completion of planning for the implementation of the project. The project team, with advice from key stakeholders, validated the solution requirements and initiated a rigorous procurement process to select the appropriate suite of products. The procurement process, began in the late fall of 2006, is expected to be completed during the summer of 2007.

"Having access to images and diagnostic reports from across the province will significantly enhance the process of diagnosis for the people of Saskatchewan. The need to repeat examinations when patients move from one health region to another will be minimized. Physicians, regardless of their location, through access to a province-wide imaging network, will be able to consult over long distances, resulting in reductions in time to diagnosis, travel expenses, and the stress associated with diagnostic imaging examinations."
Quote from Dr. Brent Burbridge, Radiologist, Saskatoon.

Saskatchewan EHR Blueprint Five-year Vision

Figure 4 illustrates conceptually how the projects, which are being planned and implemented, will integrate together to provide authorized health care providers with increasingly valuable information to care for their clients through the province's electronic health record strategy into the future. The development of this five-year 'blueprint' for integrating clinical systems across the health sector is a critical element in ensuring all of the systems, components and investments fit together, enabling our province to make optimum use of electronic health record technology to improve the health of the Saskatchewan population. This blueprint has been developed to address health sector needs, by utilizing the expertise and experience that has been developed in Canada in collaboration with Infoway and the other provinces.

In 2006-07, Saskatchewan Health further refined the blueprint, building on the Infoway model to create a 'gold standard' for the province, reflecting the most current and advanced thinking in the EHR field.

The Blueprint contains six conceptual areas:

- The Point-of-Service Infostructure (lower left of Figure 4) illustrates the many types of systems that are utilized to meet the business needs of the different front-line care providers (e.g. the ICS program, in the lower left hand corner, which is implementing an integrated set of systems to support the needs of clinical care providers in health regions).

- The Health Information Access Layer (HIAL) (in the middle of Figure 4) provides the provincial network, communications, security and data access/consent features. The HIAL will enable the providers' point-of-service systems to communicate securely and electronically with other points of care and to access provincial data services (such as the drug information being made available through PIP).

  The Longitudinal Record Services (LRS) processes requests from the point-of-service systems for clinical information from province-wide databases (such as requests from clinicians for drug, lab or diagnostic imaging results) to ensure that the correct information is assembled and delivered back to the point of service systems.

- The Registries (upper left) enable patient, provider, terminology and service location codes to be cross-referenced, so that data can be consistently and accurately integrated from the many source systems for the provincial electronic health record services.

- The Data Services section of the blueprint (at the top) represents the systems (such as PIP) that bring together the information from all the relevant care delivery locations (e.g. drug prescriptions from pharmacies) that is frequently needed by care providers for making better patient care decisions.

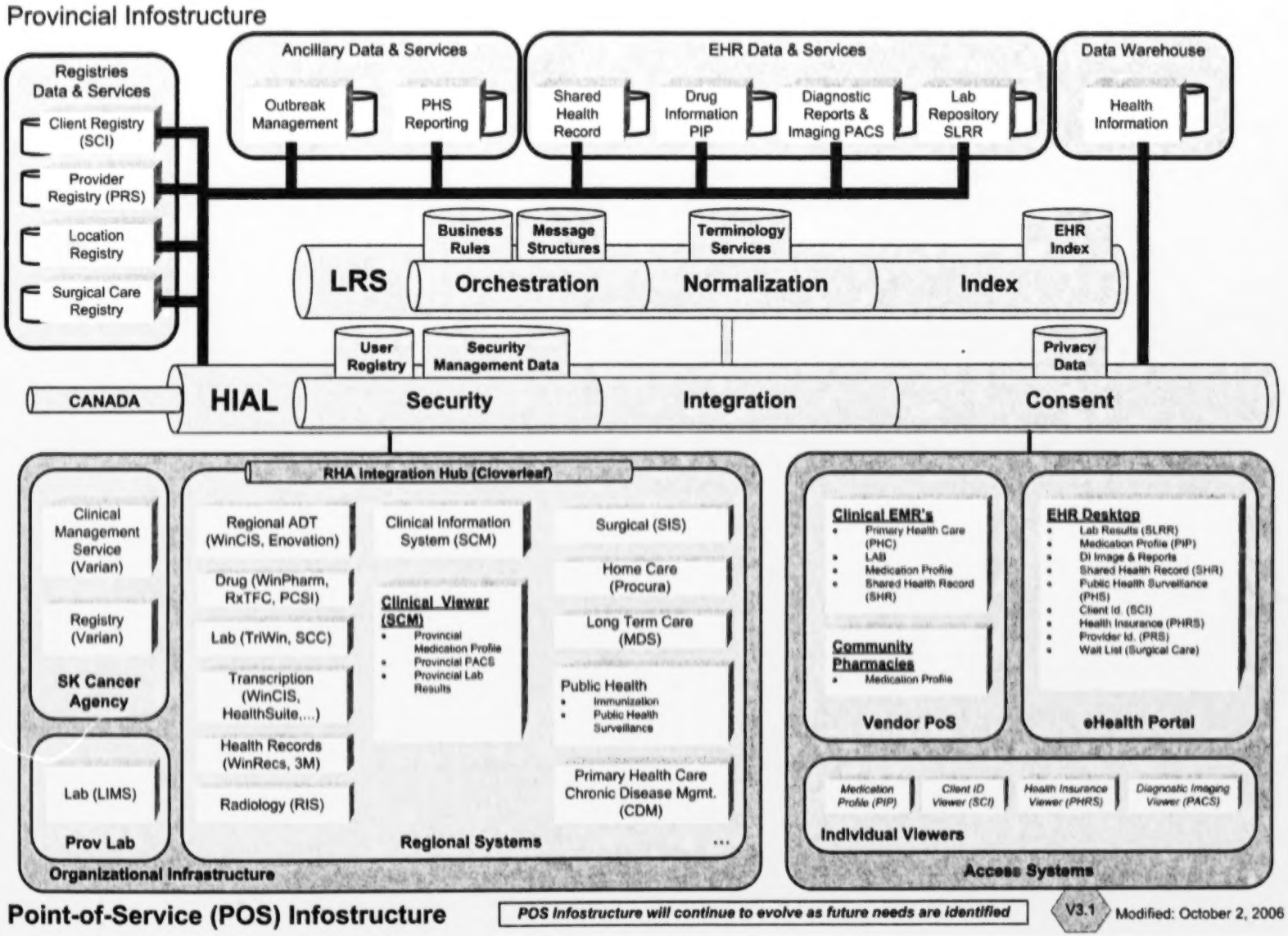
  Ancillary Data and Services section reflects the need for the new data and systems services being developed for public health in managing communicable disease outbreaks and other health threats to the public's health.

- The Data Warehouse section (upper right) includes systems for the collection of data, appropriately anonymized and aggregated, required for health system program planning, management and statistical reporting.

- The Access Systems section (lower right) represents electronic medical record (EMR) systems being adopted by physician offices; systems in community-based pharmacies and the planned eHealth Portal. These systems will allow authorized health care providers to access EHR services such as electronic prescribing in providing patient care; to view patient data in the EHR; and a planned eHealth Portal to integrate EHR data and services through a single secure access point from a clinician's computer desktop.

Figure 4 graphically illustrates the relationship between the Province-wide Health Care Projects, ICS Implementations and the Action Plan for Health projects.

Figure 4



Point-of-Service (POS) Infostructure

POS Infostructure will continue to evolve as future needs are identified

V3.1 Modified: October 2, 2006

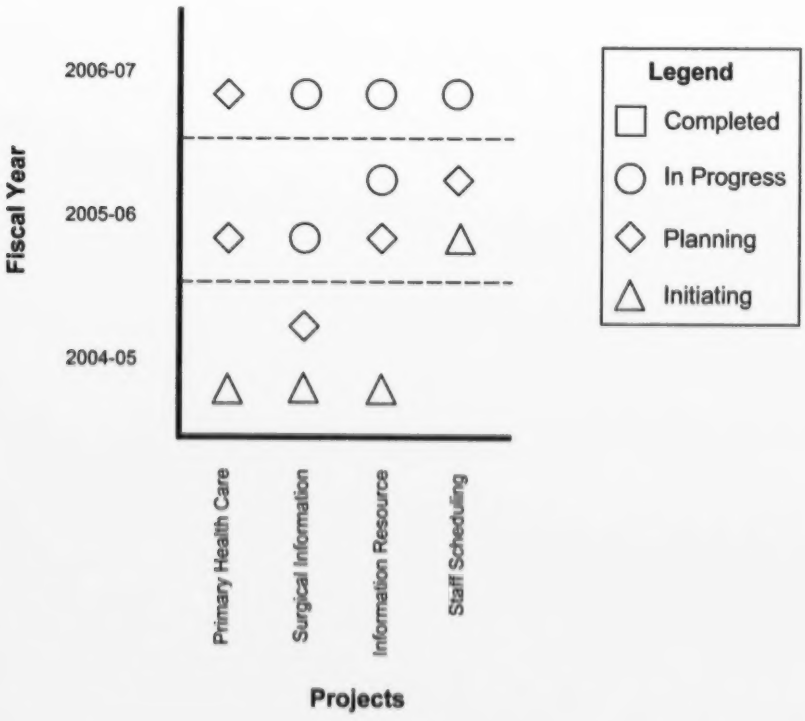
Enabling the Province's Action Plan for Health

The Saskatchewan government's plan *Healthy People. A Healthy Province. The Action Plan for Saskatchewan Health Care*, released in December 2001, adheres to a clear vision: building a province of healthy people and healthy communities and addresses four main areas:

- doing more to support good health and prevent illness;
- providing better access to health services, including primary, hospital and emergency care;
- improving health workplaces and addressing shortages of key health providers; and,
- placing a greater emphasis on quality, efficiency and accountability, in order to ensure the long-term sustainability of the Saskatchewan Medicare system.

Information technology (IT) and information management (IM) play an important role in enabling these areas. Saskatchewan Health is focused on developing innovative IT and IM solutions to provide the greatest potential for excellence in health service delivery. Each year several projects, that support this plan, are concurrently in progress.

Figure 5 – Provincial Action Plan for Health Program



Project Name	Project Description	Accomplished in 2006-07
Primary Health Care	Strategies for effective delivery of primary health care to chronic disease patients are central to primary health care reform and sustainability of the health care system. To support these strategies, interactions with primary health care teams need to be linked through clinically relevant information systems with follow-up initiated by relevant members of the primary health care team. Innovative models of primary health care will result in better health, improved access, satisfied providers and the relief of pressures elsewhere in the health system.	Saskatchewan Health is defining the business processes, information and technology requirements to support the primary health care model. This is a critical prerequisite to implementing appropriate technologies to support the primary health care vision in 2007-08. A major priority for 2006-07 was the Chronic Disease Management Toolkit implementation with our Health Care Quality Council (see below).
Surgical Information System (OR Scheduling)	The SIS will provide comprehensive decision support for the planning and delivery of surgical care and is a component of the waitlist strategy. The implementation of a SIS in each of the five, mid-sized regions and the Saskatoon Health Region will provide the base for improved surgical management information. The project scope includes surgical scheduling, charting and integration with regional materials management systems. The system will also support improved data exchange between the surgery booking offices, physicians and the wait list registry through automated interfaces. The benefits of this type of system include improved information for wait list management (wait time reporting), improved information for surgical productivity (theatre utilization) and cost effectiveness, and increased quality of care delivered to patients.	Working in close collaboration with staff and clinicians in the health regions, the primary focus in 2006-07 was to establish common business processes and data standards in configuring the new system consistently for regional implementations. Implementation of the first site is planned for the fall of 2007.
Saskatchewan Surgical Care Network	Saskatchewan Health provides technology services to SSCN. A major component of SSCN is the Surgical Patient Registry, which tracks patients needing surgery in the province and enables the prioritization of individual patients for surgical procedures. SSCN allows for improved management of surgical capacity across the province.	During 2006-07 Saskatchewan Health provided the information technology systems, infrastructure and support services necessary for the operation of the Surgical Patient Registry. Through this technology, decision-making and prioritization of surgical services to meet patients' needs in the province are being enhanced. The SSCN Registry has attracted interest from several other provinces interested in utilizing this technology for wait list management.

Project Name	Project Description	Accomplished in 2006-07
Telehealth	Telehealth Saskatchewan is a Saskatchewan Health program endorsed by The Action Plan for Saskatchewan Health Care as an effective approach to improve access to health services. Telehealth Saskatchewan uses communication and information technology to support the delivery of clinical care and professional education services. Using live, two-way videoconferencing, health care providers can apply the latest tele-diagnostic instruments, including digital stethoscopes, patient examination cameras, and digital imaging, to enable a remote patient to visit an out-of-town health care provider from their home community rather than having to travel. Health care providers can use Telehealth for appropriate clinical appointments, consultations, follow-ups, meetings, and education sessions. SHIN provides the technology to not only connect sites within the provincial network, but can link Telehealth Saskatchewan with other select sites provincially, nationally, and internationally.	Currently there are 26 Telehealth sites in Saskatchewan located in every provincial, regional, district and northern hospital (except Stony Rapids). There are an additional 45 sites within the regions that are also able to connect to Telehealth services, through SHIN's province-wide network. 2006-07 saw a significant increase in users of this technology over the past year, which served over 22,670 people for education purposes and connected almost 800 patients with health care providers in other locations. In 2006-07 the department commissioned a formal review of Telehealth Saskatchewan. This will lay the foundation for developing the program's next strategic plan, which will be further enabled by the technology and infrastructure being developed for the electronic health record.
Health Careers Recruitment Website	Health Careers Saskatchewan provides recruitment services for nurses, physicians, support services, management and other health disciplines on behalf of RHAs and the Saskatchewan Cancer Agency. The easily accessible web site provides an online job database searchable by region and profession. Potential applicants can browse over 600 job openings and apply immediately by creating and submitting their resumes online. Descriptions of each health region emphasize the Saskatchewan lifestyle; include photos of the various areas and links to community web sites. The site attracts local, national and international applicants to the province, to live and work in Saskatchewan communities.	To support this important initiative of the Workforce Planning Branch at Saskatchewan Health, work began on creation of the Health Careers web site and the online job database in early August 2006. The system went live September 15 in conjunction with the Health Minister's announcement of a $25 million retention and recruitment plan. Since that time, a number of minor version changes have been made to the web site, notably to include additional web page content.

Project Name	Project Description	Accomplished in 2006-07
Information Resource Development Program (IRD)	The IRD is focused on developing information and technology services to improve health sector planning and management. The data will be organized in a manner that best supports evidence based decision-making and anonymized to ensure that the highest levels of privacy are maintained. New analytical reports will be created by analysts within the department or by those within the health sector using an integrated set of technologies meant to support individuals with varying degrees of expertise. In addition there will be catalogues of information (metadata) on elements such as data reports or data quality to facilitate the interpretation of reports. The IRD Program is structured to encourage stakeholder engagement in decision-making and strategic development through meaningful dialogue as well as information and knowledge exchange. Consultations have included and will continue to include Saskatchewan Health and health sector staff, professionals, providers, decision-makers and researchers. An informed and empowered health sector will be well equipped to identify and implement efficiencies and utilize timely information to continue to improve and transform the health system to meet evolving health care needs.	Projects will be released in a timely manner to support high priority needs. As more projects are completed, an increasing number of health care managers and planners will be better equipped to manage and evaluate services, plan future programs and ensure health system accountability. In 2006-07, the IRD Program introduced a reporting system for Minimum Dataset-Long Term Care (MDS-LTC) data, designed to incorporate long-term care assessment data, and developed a multi-dimensional browser tool to assist regions to analyze the needs of their long-term care patients. Another data set is well under way to collect and provide comparative reports on financial information from the health regions and facilities within the health sector. In October, the Health Data Conference 2006, held in Regina, built excitement and drew interest from Saskatchewan and beyond. The conference was filled to capacity with close to 250 participants. The focus was on data usage, data availability, information interpretation, data limitations and capacity building and indicated the need and benefits for continued development of the IRD program.
Renal Management	The Renal Management System enables renal disease specialists in Regina and Saskatoon to remotely monitor the progress of patients. This service reduces the amount of travel necessary for patients who receive dialysis services at their local regional hospitals.	SHIN continued to provide the technical support and infrastructure necessary for the renal data management system. This technology enables specialists in urban centres to monitor renal patients who can be treated closer-to-home through satellite clinics in regional centres.

Project Name	Project Description	Accomplished in 2006-07
Chronic Disease Management Toolkit	The Health Quality Council established a Chronic Disease Management Collaborative to facilitate quality improvements in diabetes, coronary artery disease, and access to primary care within a number of identified care facilities, practices and primary health sites. The CDM Toolkit is used by doctors, authorized office staff and health care providers as a patient registry and decision support tool used to assist in providing quality care for people with chronic conditions. As of June 2007, six additional conditions will be supported within the CDM Toolkit application. The Toolkit is used to: store and retrieve patient medical information needed to effectively plan and manage the treatment of chronic conditions; enable doctors to allow other health care providers (such as dieticians and diabetes educators) who they have identified as being directly involved in the treatment of the patient's chronic conditions to have access to the patient's health information; and to provide patient reminders for important tests, such as blood sugar or a cholesterol test so that office staff can schedule the patient for an appointment..	HQC identified the CDM Toolkit from British Columbia as the most suitable foundation application to build upon in supporting the business objectives of the Collaborative. This project was an initiative undertaken to assist the HQC with the implementation of the CDM Toolkit, in a manner consistent with Saskatchewan Health's information technology strategies and architectures for primary health care and EHRs. In 2006-2007, four different releases of the CDM Toolkit were implemented; Release 2, in April 2006, included a report, searching functionality and health number validation; Release 3 added two more reports, functionality for providers to share their patient care improvement plans with each other and other smaller enhancements; Release 3.5 implemented an additional set of reports. In parallel to the work done locally on the CDM Toolkit, Saskatchewan participated in the upgrade of the original CDM Toolkit by IBM along with British Columbia and Manitoba to enable it to support the standards for chronic disease management data and messaging developed by the WHIC.
Staff Scheduling	The effectiveness of human resources is a key issue for the sector, and the issues of escalating staff overtime, sick leave costs, and time collisions have resulted in the need for this system. The health care sector employs 37,000 employees of which approximately 24,600 are on some type of shift. Benefits of implementing a staff scheduling system include reduced time spent on clerical tasks by clinical managers and support staff; reduced frustration by health professionals, and reduced redeployment of nurse managers to deal with absence management and other clinical managerial tasks.	Work on this project began in early 2006 with the beginning of the planning phase, development of the steering committee and working groups. A pilot implementation was conducted in the Cypress Health Region in the fall with the intent to continue the roll out across the province in 07-08. SAHO is taking a lead role in working with Saskatchewan Health and the health regions. SHIN provides the enabling technology for this initiative.

Project Name	Project Description	Accomplished in 2006-07
Saskatchewan Disease Control Laboratory System	The project scope includes procuring and implementing a laboratory information management system (LIMS) and corresponding workflow changes to take advantage of the new system. The Environmental and Clinical Laboratory modalities are in scope. The laboratory is also seeking additional functionality to meet the following objectives: receipt of electronic orders at source (LIS systems in the province submitting orders to the provincial laboratory LIMS directly); electronic reporting of LIMS results to referring LIS systems, physician electronic medical record (EMR) systems and a provincial laboratory results repository; electronic retrieval and reporting of health surveillance and epidemiology reporting from LIMS	The LIMS system procurement was completed with the selection of LabWare as the vendor to provide the LIMS system. The Environmental Laboratory phase of the project went live in 2006-07, with enhanced client demographic and order entry capability, revised work processes and implementation of full bar coding throughout the Environmental Laboratory. Additionally, five instruments are now interfaced with LIMS eliminating data entry and opportunity for transcription errors. Three external interfaces were also implemented, enabling direct transfer of invoice data to MIDAS, environmental health data to Sask Environment and automated processing of credit card information for customers. The Clinical Laboratory phase has been initiated with emphasis on work process redesign and implementation of twenty-five instrument interfaces and interfaces to SCI and PRS as well as the provider registry. Similar efficiencies are expected with the Clinical implementation.

"We are pleased to be part of this project to implement the Surgical Information System. Through our work with the Saskatchewan Surgical Care Network assessment tools and registry, health regions have shown a commitment to careful monitoring of surgical wait times and increased surgical access. This new system will allow us to make further progress."
Quote from Cheryl Craig, Executive Director of Clinical Services for Five Hills Health Region.

"In my experience, Telehealth removes the geographic and economic barriers for patients who live far from an urban centre and need a medical specialist. It is truly a benefit for the most vulnerable people in our communities."
Quote from Dr. Peter Kapusta, General Practitioner from Meadow Lake who chairs the Telehealth Advisory Committee and is the medical advisor to the program.

Management's Responsibilities

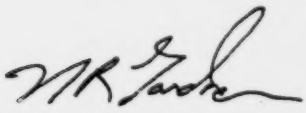
The accompanying financial statements included in the Annual Report for the year ended March 31st, 2007, are the responsibility of management.

Management has prepared these financial statements in accordance with generally accepted accounting principles in Canada, consistently applied using management's best estimates and judgments where appropriate.

The Board is responsible for overseeing the business affairs of the corporation and also has the responsibility for approving financial statements. The board fulfills these responsibilities by reviewing financial information prepared by management and discussing the relevant matters with management and external auditors.

Management maintains a system of internal controls to ensure the integrity of information that forms the basis of the financial statements. The internal controls provide reasonable assurance that transactions are recorded and executed in compliance with legislation and required authority; that assets are properly safeguarded; and that reliable records are maintained.

The Provincial Auditor of Saskatchewan has audited the financial statements. His report to the members of the Legislative Assembly precedes the financial statements.



Neil Gardner
Chief Executive Officer – SHIN

June 1, 2007

2006-2007 Financial Statements

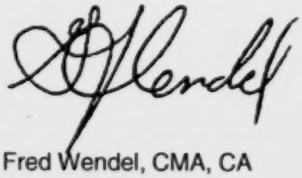
Auditor's Report

To the Members of the Legislative Assembly of Saskatchewan

I have audited the statement of financial position of the Saskatchewan Health Information Network as at March 31, 2007 and the statements of operations, change in net financial assets, and cash flows for the year then ended. The Corporation's management is responsible for preparing these financial statements for Treasury Board's approval. My responsibility is to express an opinion on these financial statements based on my audit.

I conducted my audit in accordance with Canadian generally accepted auditing standards. Those standards require that I plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In my opinion, these financial statements present fairly, in all material respects, the financial position of the Corporation as at March 31, 2007 and the results of its operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.



Fred Wendel, CMA, CA
Provincial Auditor

Regina, Saskatchewan
May 30, 2007

Statement 1

Saskatchewan Health Information Network
Statement of Financial Position
as at March 31, 2007

(thousands of dollars)

	March 31, 2007	March 31, 2006
Financial Assets		
Due from General Revenue Fund (Note 3)	$ 3,805	$ 13,421
Receivable from Saskatchewan Health	2,020	309
Other Accounts Receivable	10,331	7,812
	16,156	21,542
Liabilities		
Accounts payable and Accrued Liabilities	3,868	2,093
Deferred Revenue (Note 11)	10,535	16,250
Obligations Under Capital Leases	250	-
	14,653	18,343
Net Financial Assets (Statement 3)	1,503	3,199
Non-financial Assets		
Tangible Capital Assets (Note 5)	36,645	24,415
Prepaid Assets	1,482	512
	38,127	24,927
Accumulated Surplus (Statement 2)	$ 39,630	$ 28,126

(See accompanying notes to financial statements)

Statement 2

Saskatchewan Health Information Network
Statement of Operations
for the year ended March 31, 2007

(thousands of dollars)

	March 31, 2007 (Budget-Note 4)	March 31, 2007	March 31, 2006
Revenue			
Grants from Saskactchewan Health	$ 27,542	$ 23,429	$ 17,824
Canada Health Infoway Funding	10,294	5,495	5,427
Western Health Information Collaborative	320	184	100
Interest and Other Revenue	1,805	2,647	1,865
	39,961	31,755	25,216
Expenses			
Amortization	-	4,366	3,390
CommunityNet	2,760	3,068	2,373
Corporate Services	1,340	1,223	1,128
Infrastructure	1,870	706	453
Ongoing Operations	8,490	10,888	7,765
	14,460	20,251	15,109
Annual Surplus	$ 25,501	$ 11,504	$ 10,107
Accumulated Surplus, at beginning of year		28,126	18,019
Accumulated Surplus, at end of year (Statement 1)		$ 39,630	$ 28,126

(See accompanying notes to financial statements)

Statement 3

Saskatchewan Health Information Network
Statement of Change in Net Financial Assets
for the year ended March 31, 2007

(thousands of dollars)

	March 31, 2007	March 31, 2006
Annual Surplus	$ 11,504	$ 10,107
Acquisition of Tangible Capital Assets	(16,596)	(11,688)
Amortization of Tangible Capital Assets	4,366	3,390
	(12,230)	(8,298)
Use of Prepaid Assets	(970)	40
	(970)	40
Decrease in Financial Assets	$ (1,696)	$ 1,849
Net Financial Assets at beginning of year	3,199	1,350
Net Financial Assets at end of year (Statement 1)	$ 1,503	$ 3,199

(See accompanying notes to financial statements)

Statement 4

Saskatchewan Health Information Network
Statement of Cash Flows
for the year ended March 31, 2007

(thousands of dollars)

	March 31, 2007	March 31, 2006
Cash Flows From (Used in) Operating Activities		
Cash Receipts	$ 21,810	$ 21,574
Cash Paid To Suppliers And Others	(15,080)	(13,247)
Increase in Operating Activities For The Year	6,730	8,327
Cash Flows Used in Investing Activities		
Purchase Of Tangible Capital Assets	(16,596)	(11,688)
Decrease In Investing Activities For The Year	(16,596)	(11,688)
Cash Flows From (Used in) Financing Activities		
Net Change in Obligations Under Capital Leases	250	(224)
Increase/(Decrease) In Financing Activities For The Year	250	(224)
Net Decrease In Due From General Revenue Fund	(9,616)	(3,585)
Due From General Revenue Fund, Beginning Of The Year	13,421	17,006
Due From General Revenue Fund, End Of The Year	$ 3,805	$ 13,421

(See accompanying notes to financial statements)

Saskatchewan Health Information Network
Notes to the Financial Statements
for the year ended March 31, 2007 (thousands of dollars)

1. Description of Business

The Saskatchewan Health Information Network (SHIN) was established as a Treasury Board Crown Corporation by Order in Council 581/1997 under the provisions of The Crown Corporations Act, 1993 (Act) effective August 19, 1997.

SHIN was created to design, implement, own, operate, and manage a Saskatchewan Health Information Network. SHIN's purpose is to foster the development of the health information technology sector, to foster re-engineering of health delivery processes and to protect health information as a strategic resource.

2. Significant Accounting Policies

These financial statements are prepared using Canadian generally accepted accounting principles appropriate for the public sector and reflect the following significant accounting principles:

a) The Basis of Accounting
The financial statements are prepared on the accrual basis of accounting.

b) Revenue
Revenues are recognized in the period in which the transactions or events occurred that gave rise to the revenues.

c) Expenses
Expenses represent the cost of resources consumed during the year for operations. Expenses include provision for the amortization of tangible capital assets.

d) Tangible Capital Assets
Tangible capital assets are recorded at cost and are amortized over their useful life. Amortization is recorded, commencing with the quarter after the assets are placed into service, on a straight-line basis at the annual rates set out below:

Desktop Computer Hardware	33%
Computer Software	33%
Network Hardware, Software & System Development Costs	20%
Office Equipment	20%
Office Furniture	10%

e) Non-financial assets
Tangible capital and other non-financial assets are accounted for as assets because they can be used to provide services in future periods. These assets do not normally provide resources to discharge liabilities unless they are sold.

f) Measurement Uncertainty
The preparation of financial statements in accordance with Canadian generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amount of financial assets and liabilities and disclosure of contingent assets and liabilities at the date of the

financial statements and the reported amount of revenues and expenses during the reporting period. These estimates are reviewed periodically, and, as adjustments become necessary, they are reported in earnings in the period in which they become known.

3. Due from the General Revenue Fund

SHIN's bank account is included in the Consolidated Offset Bank Concentration arrangement for the Government of Saskatchewan.

Earned interest is calculated and paid by the General Revenue Fund on a quarterly basis into the Corporation's bank account using the Government's thirty-day borrowing rate and SHIN's average daily account balance. The Government's average 30 day borrowing rate in 2007 was 4.15 % (2006 - 2.82 %).

4. Budget Approval

Saskatchewan Health Information Network's budget is approved by the Board.

5. Tangible Capital Assets

(thousands of dollars)

	March 31, 2007						March 31, 2006
	Desktop Computer Hardware & Software	Computer Network Hardware	Licensed or Multiple Application Software	Office Furniture & Equipment	System Development Costs	Total	Total
Opening Cost	$ 1,074	$ 5,422	$ 6,898	$ 658	$ 42,794	$ 56,846	$ 45,158
Additions During the Year	-	680	-	121	15,795	16,596	11,688
Disposals	-	-	-	-	-	-	-
Closing Cost	1,074	6,102	6,898	779	58,589	73,442	56,846
Opening Accumulated Amortization	1,074	5,270	6,861	486	18,740	32,431	29,041
Annual Amortization	-	152	25	40	4,149	4,366	3,390
Disposals	-	-	-	-	-	-	-
Closing Accumulated Amortization	1,074	5,422	6,886	526	22,889	36,797	32,431
Total Tangible Capital Assets	$ -	$ 680	$ 12	$ 253	$ 35,700	$ 36,645	$ 24,415

Included in the System Development Cost are $23,198 invested in systems that are currently not in production and therefore not amortized.

6. Maintenance Agreements for Software

SHIN has several agreements with software vendors to provide maintenance for software that has been purchased by SHIN. $3,160 (2006 - $1,960) is committed for the current year and will likely continue into the future.

7. Related Parties

These financial statements include routine transactions with related parties. SHIN is related to all Saskatchewan Crown agencies such as departments, corporations, boards and commissions under the common control of the Government of Saskatchewan. Related party transactions to March 31, 2007, include the following:

Revenue		2007		2006
Regional Health Authorities	$	19	$	419
Health Quality Council		227		270

Accounts Receivable				
Regional Health Authorities	$	10	$	412
Health Quality Council		99		270
Saskatchewan Association of Health Organizations		36		-
Saskatchewan Opportunities Corporation		-		6

Expenditures				
Regional Health Authorities	$	1,588	$	881
Health Quality Council		3		-
Saskatchewan Association of Health Organizations		674		1,023
Saskatchewan Cancer Agency		3		7
Saskatchewan College of Pharmacists		13		-
Saskatchewan Opportunities Corporation		432		408
Saskatchewan Property Management		1,978		1,885
Saskatchewan Registered Nurses' Association		6		-
SaskTel		1,484		932

Accounts Payable				
Regional Health Authorities	$	327	$	112
Saskatchewan Association of Health Organizations		137		140
Saskatchewan Cancer Agency		1		1
SaskTel		562		10

Other transactions with related parties and amounts due to/from them are described separately in the financial statements and the notes thereto.

Routine operating transactions with related parties are recorded at the rates charged by those organizations and are settled on normal trade terms. In addition, SHIN pays Provincial Sales Tax to the Saskatchewan Department of Finance on all its taxable purchases.

Saskatchewan Health provides management and technical services to Saskatchewan Health Information Network without charge.

8. Financial Instruments

SHIN's financial instruments include due from the General Revenue Fund, accounts receivable and accounts payable. The carrying amount of these instruments approximates fair value due to their short-term nature. These instruments have no interest or credit risk.

9. Capital Lease

SHIN currently has one capital lease on equipment with Hewlett-Packard Financial Services Canada Company. The minimum annual lease payment for the capital lease over the next three years is as follows:

2008	$	72
2009		72
2010		72
Total Minimum Lease Payments		216
Less Amount Representing Interest (7%)		47
Balance of the Obligation	$	169

10. Operating Leases

SHIN has entered into a lease agreement with Saskatchewan Opportunities Corporation, a related party, for office space, which expires on April 30, 2009. The operating lease payments for the following three years are as follows:

2008	$	176
2009		183
2010		-
Total Lease Payments	$	359

SHIN has entered into several lease agreements with Hewlett-Packard Financial Services Canada Company and GE VFS Canada Limited Partnership, for equipment. The operating lease payments over the next three years are as follows:

2008	$	482
2009		253
2010		116
Total Lease Payments	$	851

(thousands of dollars)

11. Deferred Revenue

As of March 31, 2007 SHIN's deferred revenue balance is $10,535.Deferred revenue is only expended once all project planning and due diligence (including stakeholder readiness) is completed and other revenue opportunities (such as Canada Health Infoway) are maximized. The deferred revenue has been provided by Saskatchewan Health and is commited to developing information technology systems that support frontline delivery, improve access, quality and efficiency of care.

Deferred Revenue	April 1, 2006	2006-07 Expenditures	Additional Funds	March 31, 2007
First Minister's Funding				
Integrated Clinical System	$ 474	$ 474	$ -	$ -
Shared Client Index	711	277	-	434
Diagnostic Imaging (Radiology Information System)	3,265	1,367	-	1,898
Laboratory Results Reporting (Saskatchewan Lab/iEHR)	2,830	628	-	2,202
Surgical Information System (OR Scheduling)	1,957	1,088		869
ESP Staff Scheduling Project	2,032	664	-	1,368
Total First Minister's Funding	11,269	4,498		6,771
Other Deferred Revenue				
PHS Information Technology	2,831	700	500	2631
Provincial Laboratory System	1,000	1,000	-	-
DI Wait List Registry	702	1	-	701
EMS Dispatch	304	-	-	304
Shared Client Index	16	16	-	-
Renal Data Management	96	-	24	120
West Nile	32	24	-	8
Total Other Deferred Revenue	4,981	1,741	524	3764
Total Deferred Revenue	**$ 16,250**	**$ 6,239**	**$ 524**	**$ 10,535**

12. Commitments

As of March 31, 2007 SHIN is commited to developing information technology applications totalling $19,129. The following table outlines the funds dedicated for capital expenditures, the corresponding funding agency, and the percentage refundable.

Capital Expenditure Project	Total Project Costs	Total Expenditures March 31/07	Total Ongoing Committed Expenditures	Percentage Refundable	Funding Agency
Chronic Disease Management Toolkit	$ 775	$ 653	$ 122	35%	Health Quality Council
ESP Staff Scheduling Project	3,000	1,543	1,457		
Integrated Clinical System	675	369	306		
Pharmacy Information Program-CeRx	2,947	282	2,665	100%	Canada Health Infoway
Picture Archiving & Communication System	9,832	1,143	7,953	100%	Canada Health Infoway
Provincial LIMS Replacement	2,900	1,578	814		
Radiology Information System	7,663	1,368	3,858		
Shared Client Index	5,334	4,649	685	75%	Canada Health Infoway
Surgical Information System	4,984	1,422	1,186		
Telehealth Strategic Plan	119	40	14		
Other	70	1	69		
Total Commitments	$ 38,299	$ 13,048	$ 19,129		

13. Comparative Figures Notes

Prior year figures have been reclassified to conform to present year presentation.

Saskatchewan Health Information Network Payee List
For the Year Ended March 31, 2007 (Unaudited)

Supplier Payments

Listed are payees who received $50,000 or more for the provision of goods and services, including office supplies, communications, contracts and equipment.

Vendor	(thousands of dollars) Total Cost
SAIC Canada	$ 7,392
IBM Canada Ltd. (Vancouver)	4,084
Saskatchewan Property Management	1,975
SaskTel CMR	1,484
Paradigm Consulting Group Inc.	1,396
Cerner Canada LTD	1,039
Inverness Consulting	1,006
Momentum Healthware	1,003
Accenture Inc.	852
SOLVERA	800
Saskatoon Regional Health Authority	700
SAHO	674
Develus Systems Inc.	648
MacPherson, Leslie & Tyerman	610
Hewlett-Packard Financial Services	560
Regina Qu'Appelle Regional Health Authority	508
CGI Information Systems	495
Technology Management Corporation	480
GE Healthcare IITS Canada Inc	441
Saskatchewan Opportunities Corporation	432
Philips Medical Systems Canada	386
Initiate Systems Inc.	349
CA, Inc.	312
Picis Inc.	290
ISIS Health Informatics Resource	261
JRS Partners Inc.	261
Eclipsys Corporation	256
LabWare, Inc.	223
August Professional Group Inc.	217
Eithne Reichert Consulting	182
Interactive Business Systems, Inc.	178
Microsoft Canada Co.	158
FCI Accelerated Solutions Inc	156

Saskatchewan Health Information Network Payee List
For the Year Ended March 31, 2007 (Unaudited)

Vendor		(thousands of dollars) Total Cost
Horizon Computer Solutions		151
Commercial Data Systems Ltd.		141
Resource Information Systems Inc.		128
Computer Associates Canada Company		124
Kelsey Trail Regional Health Authority		123
Peninsula Consulting Group Inc.		120
First DataBank		116
Applix Inc		111
TAB		96
SAS Institute (Canada) Inc.		91
MIQS Incorporated		84
GE VFS Canada Ltd. Partner		76
DBSA Consulting Inc.		75
Karal Management Ltd.		75
SULLIVAN Healthcare Consulting		73
Prince Albert Parkland Regional Health Authority		72
Prairie North Regional Health Authority		68
Deloitte & Touche LLP		67
Sunrise Regional Health Authority		61
Softchoice Corporation		58
NexInnovations Inc.		57
SolutionsOnSite		57
Vital Statistics Agency		51
TOTAL SUPPLIER PAYMENTS	$	31,883